PATENT APPLICATION DE DETERMINATION RECORD Effective october 1, 2001

		CLAIMS A	S FILED	- PART	l			SMALL E	ENTITY		OTHE	R THAN
_			n 1)	(Col	umn 2)		TYPE (OR	SMALL	ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			. X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	1	OR		
* If the difference in column 1 is less than zero, enter						column 2	l	TOTAL		OR		
CLAIMS AS AMENDED - PART II										2	OTHER	THAN
	,	(Column 1)	·	(Colun		(Column 3)	, -	SMALL	ENTITY.	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER WSLY 1	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total:	. 9	Minus	" A	0	Ε .		X\$ 9=	:	OR	X\$18≠	
	Independent	1. 5 ENTATION OF M	Minus	***	<u>う</u>	= 2		X42=		OR	X84=	168
	FINOT PRESE	TATALION OF M	OLITE DE	FENDENI	CLAIM		!	+140=.		OR	+280=	
	<i>i.</i> :						د	TOTAL ODIT. FEE		OR.	TOTAL ADDIT, FEE	168.0
AMENDMENT B	·	(Column 1)	· ·	(Colum	n 2)	(Column 3)	_					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	. 13	Minus	* 2	0	= -		X\$ 9=		OR	X\$18=	
	Independent	. 19	Minus	*** 5	,	= 4		X42=		OR	X84=	336.
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						l ├			• 1		
							L	+140=	·	OR	+280=	· · · ·
	•						A	TOTAL DOIT: FEE		OR /	TOTAL VDDIT, FEE	
	•	(Column 1)				(Column 3)						•
S INCOME		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
1	Independent	*	Minus	***		=	-	X42=		OR	X84= /	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										ur F		
	the enter to a dim	<u></u>					L	+140=	_;(OR	.+280=	• •
m H	the "Highest Nun	nn 1 is less than th nber Previously Pa	ld For IN THIS	SPACE IS I	ess than	20, enter "20."	 	TOTAL DDIT. FEE		OR A	TOTAL DDIT, FEE	
T	the "Highest Nur he "Highest Numi	mber Previously Paid ber Previously Paid	ld For" IN THIS I For" (Total or	5 SPACE Is (Independen	less thar t) Is the I	n 3, enter "3." highest number		_	ropriate box		•	
	•			• •	•	-,		• • •	: -		- •	